Exhibit B

PROGRESS NOTES

Date/ Time	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
11/15/10 1450	NSG	Inmate refused flu vaccine, DC 462 completed and signed. Denise McIntosh RN / Denise McIntosh RN
12/8/10 0830	PAC	S c/o pain (L) hand 3rd finger pain. Denies any numbness. No tingling. C/o hope he doesn't have cancer. No other c/o.
		O: No ↓ROM (L) 3rd finger mild edema no erythema
		A: (L) hand 3rd finger ? tenosynovitis
		P: [illegible] Ed [illegible] OT, cu renal dw [illegible]
		Jamie Collins PA-C
3/9/11 1045	CRNP	S: here requesting "more cream for my butt & an X Ray of my (L) ankle"
		O: ecchymotic area to dorsal surface (L) ankle c̄ edema, full PROM to area. Pedal pulses palp.
		A: ? ankle edema - not ID'ed on exam
		P: Discuss ankle exercises, return pm.
		Michele Swannart - CRNP

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Revised 3/2007

Name: Matthew, Chaka
Number: FA 4298
DOB: 5-7-70
Facility: SCI SMR.

PHYSICIAN'S ORDER FORM

Inmate Name: MATTHEW, CHAKA
Number: FA4298
DOB: 5-7-70
Institution: SCI-SMI

Drug Allergies: NKDA

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
9/29/10	Motrin 400 mg po tid prn pain & food pill 9/29/10 # 21 given
	Jamie Collins PA-C
	Prakash P. Ghattas, MD, FACEP Medical Director
3-10-11 1130	Aspirin 81 mg po daily > until 10-10-11. simvastatin po q hs 20 mg
	noted 3.10.11 1230
	Jeremy R. Hunt, CRNP
	L. Niessner, LPN

CONFIDENTIAL

PLEASE USE BALL POINT PEN ONLY

Revised 6/2007

CONSULTATION RECORD

Part A: Completed by referring facility	Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine	
Referred to: PT	If Off-Site: (Circle) OV OS XR DI	Authorization #:
Last PPD: Date: 6-1-10 Result: ☒ Negative ☐ Positive mm: _____	Drug Sensitivity: NKDA	Appt. Date/Time:
Relevant health information attached: (Circle) Yes No	☐ Must schedule consult no later than: _____	☐ Routine

History of Present Illness/Injury/Physical Findings:

41yo male c/o (L) ankle/ft pain x 2 months. No apparent injury. Xray showing soft tissue swelling, no fx +/or dislocation. Continues to ↓ use to drea, "so it doesn't get worse!" Needs ROM/excercises to ↑ mobility.

Treatment to Date/Current Medications and Significant Medication History:

NSAIDS, SeptraDS

Michele Swanhart - CRNP 4/27/11
Signature of Referring Physician Date

UR Decision: Site Medical Director (Check) ☐ Approval ☐ Alternate Treatment Plan (ATP) ☑ Reviewed & Forwarded	Signature/Date: JRBeaver 4/28/11
UR Decision: Regional Medical Director (Check) ☐ More Information ☐ Approval ☐ ATP ☐ Reviewed & Forwarded	Signature/Date:
UR Decision: State Medical Director (Check) ☐ More Information ☐ Approval ☐ ATP	Signature/Date:

Part B: (Check) ☐ **Findings & recommendations are to be completed by Consultant and returned with officer to the facility**

41yo o/t c/o (L) posterior heel pain starting about 2 wks ago due to no known injury. Pt states swelling + tenderness to the distal achilles tendon. Pt notes buying new sneakers about 2 months ago. May have caused rubbing on tendon. Pain 0 to 4/10 Rx = MH + TENS supplied heel lift to raise heel + ↓ pressure on tendon.

JRBeaver 5/16/11
Signature of Site/Regional/State Medical Director Date/Time

R.D. Mason P.T. 5-13-11 14:06
Signature of Consultant R.D. Mason, PT Date/Time

Commonwealth of Pennsylvania
Department of Corrections
Consultation Record
DC-449 DATE: 6.21.02
MIN DATE: 10.20.06
MAX DATE: 10.20.11
Revised 1/2011

Inmate Name: Matthew, Chaka
Inmate Number: FA 4298
DOB: 5-7-70
Facility: SMR

WHITE: Medical Record CANARY: Consultant PINK: Medical Record (Pending)

Inmate Name: Inmate Number:

Date/ Time	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
5/9/11 1430	CRNP	S/O: Discussion c̄ MD for (L) ft pain
		A: ? inflammatory process
		P: short course steroids + re √ 2 wks.
		On line Wed to discuss.
		Michele Swanhart - CRNP
5/11/11 0945	CRNP	S: here to discuss (L) ft pain
		O: NAD
		A: persistent (L) ft pain
		P: steroids X28 days, re √ 3 wks.
		Michele Swanhart - CRNP
5/13/11	P.T. 1440	See PC 4/4/1 P.T. Eval (L) achilles tendinitis
		RD Mason PT R. D. Mason, PT
		Dr. John R. Benner Medical Director 5/16/11 0745
5/31/11	PT 1440	Pain is felt to the posterior calcaneus at and below the Achilles Tendon insertion. Pain level is at 3-4/10
	Prakash P. Ghatge, MD, FACEP Medical Director 6/3	Rx c/ US 10 m 3 mhz 1.2 w/cm², RD Mason PT
		Pt walks c̄ limp. R. D. Mason, PT

PROGRESS NOTES

Date/ Time	Discipline Abbreviation	Remarks **S**ubjective, **O**bjective, **A**ssessment, **P**lan
6/1/11	PA-C	S) Rec'd Lt ankle pain, sore Pt.
1000		[illegible], Still hurts & walking
		O) Tender achilles area c exam
		ROM good ø crepitus c exam
		Walks in hall c limp
		A) Bursitis Lt heel
		P) Pt [illegible] [illegible] – cont [illegible] f/u 3 wks
		Paul Dascani, MD 6-1-11 1400 Ellis Kaufman PA-C
6-14-11	PT	Pt continues to c/o heel pain & swelling. Pt
	1432	have been using 4.5 to heel insertion bilaterally to
		calcaneus. Some swelling is noted & was painful
		c palpation. R. D. Mason, PT
		Dr. John R. Benner Medical Director
late entry		
6-13-11	CRNP	S: here for trimannual physical
1330		O: See DC440
		A: Normal physical exam
		P: DC440 completed.
		Michele Swanhart - CRNP

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Revised 3/2007

Name: Matthew Chaska
Number: FA 4298
DOB: 5-07-70
Facility: Sma

Inmate Name: Inmate Number:

Date/ Time	Discipline Abbreviation	Remarks **S**ubjective, **O**bjective, **A**ssessment, **P**lan
6/20/11	CRNP	S: here for (L) heel rev
0830		O: (L) heel c slight edema at Achilles. No erythema H or warmth to touch
		A: ? Achilles pain
		P: Continue c PT, change shoes. (He was seen on walk & went amb at brisk pace, w no acute distress)
		Michele Swanhart - CRNP
6-21-11	P.T. 14:11	P/T continues c (L) heel pain at achilles tendon insertion at calcaneus. P/T still walks c slight limp. No using US. Progress is slow. appears to be limited. RD Mason PT
		R.D. Mason, PT
		Dr. John R. Benner Medical Director
6-28-11	P.T. 14:19	PT still claims to have pain in the heel. The heel is still swollen. I am surprised that he has not cleared up by now. RD Mason PT
		R. D. Mason, PT
		Dr. John R. Benner Medical Director

PHYSICAL EXAMINATION

Exam Date: 6/13/11 Exam Time: 1330				Type of Examination: Initial: ___ Other: ___ Parole Violator: ___ Health Appraisal: ✓			
Age: 41	Sex: M	Height: 5'11"	Weight: 183	Pulse: 84	BP: 109/66	Temp: 97°	
Next of Kin: Kealtha Jeter - Grandmother				Phone Number: 215-382-1835			
Address: 716 N. 37th St Phila, PA 19104							
Allergies/Drug Sensitivities: NKDA							

Snellen Acuity Test	Both Eyes	Right Eye	Left Eye
Corrected	20/10	20/13	20/13
Non Corrected			

Physical Examination

	Normal	Abnormal	Abnormal Findings — Enter item number and describe in detail. Use reverse side if necessary
1. Head, Face, Neck, Scalp	✓		
2. Noses/Sinuses	✓		
3. Mouth and Throat	✓		
4. Teeth	✓		
5. Ears	✓		
6. Eyes/Pupils	✓		
7. Fundoscopy	✓		
8. Lungs and Chest	✓		
9. Heart	✓		
10. Vascular System	✓		
11. Abdomen	✓		
12. Anus & Rectum	✓		
13. Prostate	✓		
14. Endocrine System	✓		
15. Genitalia	✓		
16. Extremities	✓		
17. Lymph Nodes	✓		
18. Feet	✓	↓ wt	bearing ability on (L) LE (unPT for area currently)
19. Musculoskeletal	✓		
20. Skin	✓		
21. Neurologic	✓		
22. Mental Status	✓		
23. Other			

13 deferred ↓ 45y0

Physical Examination
Commonwealth of Pennsylvania
Department of Corrections
DC-440

Revised 3/03

Inmate Name: Matthew, Chaka
Inmate Number: FA4298
DOB: 9-05-70
Facility: SCI SMR

PHYSICAL EXAMINATION — CONTINUED

	Normal	Abnormal
24. Female Only		
a. Breast		
b. Vagina		
c. Cervix		
d. Uterus		
e. Adnexa		

Abnormal Findings — Enter item number and describe in detail.

Remarks (Recommendations or referrals, treatment plan, etc.)

Michele Swanhart - CRNP 6/13/11 1345

Examiner's Signature Date/Time

The Medical Clearance Form and Oleoresin Capsicum Form shall also be completed at the time of the Physical Exam.

IST/MACS Physician's Order
(Initial and Complete Order)

Medical Clearance Type:

	Initial Classification
	Annual Physical
✓	Biennial Physical
	Triennial Physical

If a physical exam is completed, please enter date in IST/MACS

	Revision due to change in health status
	Boot Camp Clearance
	Parole Violator, CCC Returns, Returned Escapees, ATA, HVA

Employment Restrictions:

	No Repeated Bending		No Work Around Loud Noise
	No Work Requiring Safety Boots		No Work Outdoors
	No Work w/ Complex Instructions		No Pushing
	No Work w/ Depth Perception		No Reaching Over Shoulders
	No Work Near Respiratory Irritants		No High Risk of Injury
	No Exposure to Environmental Pollutants		Sedentary Work Only
	No Contact Allergens – Comment Needed		No Sitting
	No Food Service-Handle/Janitor		No Squatting
	Four-Hour Work Restriction		No Standing
	No Repetitive Use of Hands		No Pulling
	No Humidity Extremes		Limited Sitting
	No Intensive Labor		No Lifting
	No Work Around Moving Machines		No Work in Direct Sunlight
	No Work at Heights/Elevations		No Temperature Extremes
	Modified Work Only		No Work Needing Binocular Vis
	Injured: Not Work-Related		No Prolonged Walking (Specify)
	Injured: Work-Related		No Walking Wet/Uneven Surfaces
	Refused Physical		No School
	No Work (Medically Unemployed)		

Activity Restrictions:

	Indoor Activities Only
	No Activities
	No Sports
	No Weightlifting
	No Yard
	Non-Contact Sports Only
	Passive Sports Only
	Weightlifting Limit (Specify)

Transfer Mode Restrictions:

	Ambulance
	Car
	Wheelchair Van

Cleared for Quehanna Boot Camp:

	Yes	Date:
	No	Date:

Medical Housing:

	23 Hour Observation		Isolation
	Air Conditioned		Lower Bunk
	Behavior Management Unit		Mental Health Unit
	Cell Block Only (No Dormitory)		No Smoking
	Dialysis Care		Personal Care
	Forensic Treatment Center		Psychiatric Observation Cell
	General Housing Infirmary		Special Assessment Unit
	General Pop. (Near Medical)		Single Cell-Recommended
	Ground Level		Skilled Care
	Handicap Cell		Special Needs Unit
	Intermediate Care Unit		Special Observation Unit
	Inpatient Infirmary		

Signature, date, & time required (see back of sheet).

Commonwealth of Pennsylvania
Department of Corrections
IST/MACS Physician's Order

Revised: 6/2005

Inmate Name: Matthew, Chaka
Inmate Number: AA4298
DOB: 9-05-70
Facility: **SCI-SOMERSET**

6/15/11
1413

IST/MACS Physician's Order
(Initial and Complete Order)

Assistive Devices:

	Ace Bandage w/ Tape
	Adaptive Eating Utensils
	Air Mattress
	Air Splint
	Ankle Brace
	Ankle Sleeve
	Anti-Embolitic Nylons
	Arch Supports
	Basins
	Bed Wedges
	Bedside Commode
	Braces
	Cane
	Cast Boots
	Catheter Foley
	Catheter Straight
	Catheter Texas
	Cervical Collars (Hard/Soft)
	CPAP/BI PAP
	Cock-up Splints
	Crutches
	Dentures
	Egg Crate Mattress
	Elastic Back/Ab Sup/Rib Belt
	Elastic Exercise Bands
	Elbow Sleeve
	Electric Razor
	Eye Patch
	Finger Splint
	Foley Leg Bag
	Geri Chair
X	~~Glasses~~
	Hand Exercisers
	Hand Grippers
	Hearing Aid
	Heel Pads/Heel Lifts

	Hernia Belt
	Hot Water Bottle
	Hoyer Lift
	Humidifier
	Ice Bag
	Insoles
	Knee Brace
	Knee Sleeve
	Lambs Wools Elbow Protectors
	Long Handled Shoe Horn
	Medical Alert Bracelet
	Nebulizer
	Orthopedic Shoes/Boots/Inserts
	Oxygen Concentrator
	Posey Restraints
	Prosthesis
	RHU Shoes
	Safety Helmet
	Sheepskin (For Bed)
	Shower Chair/Shower Bed
	Side Rails
	Sitz Bath
	Sling
	Specimen Cups
	Sunglasses
	Transfer Board
	Trapeze Bar
	Truss
	Urinal
	Urine Strainer
	Walker
	Walker w/ Wheels
	Wheelchair
	Wheelchair Cushion
	Wheelchair Custom

Functional Limitations:

	Cognitively Impaired
	Hard of Hearing/Deaf
	Language Barrier
	Mobility Impaired

	~~Speech Impaired~~
	Vision Impaired
	Wheelchair Confined

Medical Assessment Classification:	
X	~~M1 – Medically Stable~~
	M2 – Chronic Illness
	M3 – Personal Care
	M4 – Skilled Care
	M5 – Sub Acute (Infirmary)

Michele Swanhart - CRNP
Signature

6/13/11 1330
Date/Time

noted
Amalcott, RN | Amalcott, RN
6-14-11 1630

PHYSICIAN'S ORDER FORM

Inmate Name: Matthew Chaka
Inmate Number: FA 4298
DOB: 05-07-70
Institution: SMK

Drug Allergies: NKDA

Date/ Military Time	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
6/4/11 1000	NP Line 6/20/11 [illegible] Kaufman PA-C Paul Dascani, MD 6-1-11 1400
6/11/11 1200	[illegible] S. Krepelka LPN
07-06-11 1118 PK	1. Air Cast left foot until 07-20-11 - Crian 2. Mobic 15mg T tab po daily until 10-06-11. 3. NP Line 07-20-11. to recheck Dr. John R. Bennett Medical Director 7/6/11 1418 7/6/11 1200 [illegible] S. Krepelka LPN Danielle Glotfelty, PA-C

PLEASE USE BALL POINT PEN ONLY

Revised 8/2010

EB

HEALTH CARE ITEM RECEIPT

On this date 07-06-11, I received the following item(s) from the Health Care Services Department:

	Item	Temporary	Permanent	Stop/Review Date
1.	Air Cast	☑	☐	07-20-11
2.		☐	☐	
3.		☐	☐	

Comments: _____

I, Matthew, Chaka, have received/returned the above named items. (circle one)

Chaka Matthews
Inmate Signature

2-6-2011
Date

Issuing Staff Member's Signature

07-06-11 1110
Date/Time

RETURNED ITEMS:
All items must be intact upon return.

☐ Issued Item was returned/discontinued on _____ (date) and all pieces were / were not intact. (circle one)

☐ Issued Item was returned on _____ (date) for repair.

Sent. comp.
12 & 43.B

Receiving Staff Member's Signature

Date/Time

Original – Medical Records | Yellow – Unit Manager | Pink – Inmate

Health Care Item Receipt
Commonwealth of Pennsylvania
Department of Corrections
DC-443

1/01

Inmate Name: Matthew, Chaka
Inmate Number: FA 4298
DOB: 05-07-70
Facility: SMR

IST/MACS Physician's Order

(Initial and Complete Order)

Medical Clearance Type:

	Initial Classification
	Annual Physical
	Biennial Physical
	Triennial Physical

If a physical exam is completed, please enter date in IST/MACS

✓	Revision due to change in health status
	Boot Camp Clearance
	Parole Violator, CCC Returns, Returned Escapees, ATA, HVA

Employment Restrictions:

	No Repeated Bending
	No Work Requiring Safety Boots
	No Work w/ Complex Instructions
	No Work w/ Depth Perception
	No Work Near Respiratory Irritants
	No Exposure to Environmental Pollutants
	No Contact Allergens – Comment Needed
	No Food Service-Handle/Janitor
	Four-Hour Work Restriction
	No Repetitive Use of Hands
	No Humidity Extremes
	No Intensive Labor
	No Work Around Moving Machines
	No Work at Heights/Elevations
	Modified Work Only
	Injured: Not Work-Related
	Injured: Work-Related
	Refused Physical
	No Work (Medically Unemployed)

	No Work Around Loud Noise
	No Work Outdoors
	No Pushing
	No Reaching Over Shoulders
	No High Risk of Injury
	Sedentary Work Only
	No Sitting
	No Squatting
	No Standing
	No Pulling
	Limited Sitting
	No Lifting
	No Work in Direct Sunlight
	No Temperature Extremes
	No Work Needing Binocular Vis
✓	No Prolonged Walking (Specify)
✓	No Walking Wet/Uneven Surfaces
	No School

Activity Restrictions:

✓	Indoor Activities Only
✓	No Activities
✓	No Sports
✓	No Weightlifting
✓	No Yard
	Non-Contact Sports Only
	Passive Sports Only
	Weightlifting Limit (Specify)

Transfer Mode Restrictions: NONE

	Ambulance
	Car
	Wheelchair Van

Cleared for Quehanna Boot Camp:

	Yes	Date:
	No	Date:

Medical Housing: NONE

	23 Hour Observation
	Air Conditioned
	Behavior Management Unit
	Cell Block Only (No Dormitory)
	Dialysis Care
	Forensic Treatment Center
	General Housing Infirmary
	General Pop. (Near Medical)
	Ground Level
	Handicap Cell
	Intermediate Care Unit
	Inpatient Infirmary

	Isolation
	Lower Bunk
	Mental Health Unit
	No Smoking
	Personal Care
	Psychiatric Observation Cell
	Special Assessment Unit
	Single Cell-Recommended
	Skilled Care
	Special Needs Unit
	Special Observation Unit

Signature, date, & time required (see back of sheet).

Commonwealth of Pennsylvania
Department of Corrections
IST/MACS Physician's Order

Revised: 6/2005

Inmate Name: Matthew Chaka

Inmate Number: FA 4298

DOB: 05-07-70

Facility: **SCI-SOMERSET**

IUC 1520 7/9/11

IST/MACS Physician's Order
(Initial and Complete Order)

Assistive Devices:

	Ace Bandage w/ Tape		Hernia Belt
	Adaptive Eating Utensils		Hot Water Bottle
	Air Mattress		Hoyer Lift
✓	Air Splint / CAST Left Foot		Humidifier
	Ankle Brace		Ice Bag
	Ankle Sleeve		Insoles
	Anti-Embolitic Nylons		Knee Brace
	Arch Supports		Knee Sleeve
	Basins		Lambs Wools Elbow Protectors
	Bed Wedges		Long Handled Shoe Horn
	Bedside Commode		Medical Alert Bracelet
	Braces		Nebulizer
	Cane		Orthopedic Shoes/Boots/Inserts
	Cast Boots		Oxygen Concentrator
	Catheter Foley		Posey Restraints
	Catheter Straight		Prosthesis
	Catheter Texas		RHU Shoes
	Cervical Collars (Hard/Soft)		Safety Helmet
	CPAP/BI PAP		Sheepskin (For Bed)
	Cock-up Splints		Shower Chair/Shower Bed
	Crutches		Side Rails
	Dentures		Sitz Bath
	Egg Crate Mattress		Sling
	Elastic Back/Ab Sup/Rib Belt		Specimen Cups
	Elastic Exercise Bands		Sunglasses
	Elbow Sleeve		Transfer Board
	Electric Razor		Trapeze Bar
	Eye Patch		Truss
	Finger Splint		Urinal
	Foley Leg Bag		Urine Strainer
✓	Geri Chair		Walker
✓	Glasses		Walker w/ Wheels
	Hand Exercisers		Wheelchair
	Hand Grippers		Wheelchair Cushion
	Hearing Aid		Wheelchair Custom
	Heel Pads/Heel Lifts		

Functional Limitations: NONE

	Cognitively Impaired		Speech Impaired
	Hard of Hearing/Deaf		Vision Impaired
	Language Barrier		Wheelchair Confined
	Mobility Impaired		

Medical Assessment Classification:
✓ M1 – Medically Stable
M2 – Chronic Illness
M3 – Personal Care
M4 – Skilled Care
M5 – Sub Acute (Infirmary)

7/6/11 1415

Signature 0206-11/121 Date/Time

Danielle Glotfelty, PA-C

Dr. John R. Bonner
Medical Director

7/6/11 1200 S. Krepelka

S. Krepelka LPN

PROGRESS NOTES

Date/ Time	Discipline Abbreviation	Remarks **S**ubjective, **O**bjective, **A**ssessment, **P**lan
070611 1113	PBA	S: cc- Still has Left heel pain since March and Swelling. Has had ant.biotics? Steroids. Rest. States he has not been Running. Has been noted in chart-walking briskly on Walk. Is undergoing US PT currently O: Left heel @ edema tenderness over Achilles insertion site on heel. Tendon intact A: Achilles tendonitis - refractory to current tx's. ? Pt Compliance as well. P: Will immobilize c Air Cast and use Anti-inflam Finish therapy. Recheck 07-20-11. If no Relief ? Doctor line for possible Ortho consult/telemed. IST/MAC changed also. Danielle Glotfelty, PA-C
7-8-11	P.T. 14:10	Pt now is using a walking boot to replace motion of ankle. Swelling appears less Pt still c/o pain. ROM R. D. Mason, PT
		7/18/11 Dr. John R. Benner Medical Director

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Revised 3/2007

Name: Matthew, Chaka
Number: FA 4298
DOB: 05-07-70
Facility: SMR

PHYSICIAN'S ORDER FORM

Inmate Name: Matthew, Chaka
Inmate Number: FA4298
DOB: 5-7-70
Institution: SMR

Drug Allergies: NKDA

Date/ Military Time	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
7/20/11 0920	crutches x 6 wks 8/2/11 cast exchange 8-10-11 (done) V 7/20/11 1300 c/ Michele Swanhart - CRNP S. Krepelka LPN
7/26/11 0900	cast shoe x 6 wks Michele Swanhart - CRNP noted 7.26.11 1130 c/ Nursing
7-31-11 1435	Send to Somerset ER via ambulance T.O. Dr Thomas / (Jackson) CTakesN
noted 8/3/11 0836	CTakesN Dr. John R. Benner Medical Director 8/4/11 0847
7/31/11 1900	May return to block follow up with PA in am X 3days Motrin 400mg po Q6° prn for pain. (given 3 doses until am.) Verbal Order Dr. Thomas / Desire McIntosh Dr. John R. Be Medical Dire
noted 7/31/11 1915	Desire McIntosh

PLEASE USE BALL POINT PEN ONLY

Revised 8/2010

Musculoskeletal Pain — **Nursing Evaluation Tool**

Date of Report: 7 (MM) 13 (DD) 14 (YYYY) Military Time Seen: 1410

Subjective: Chief Complaint: "I fell down the steps"

History of Present Illness: ☐ Check Here if additional notes on back

Pain Assessment: Onset: Location: Neck / Back Steps EB Radiation: Intensity(0-10):
Numbness/Tingling: Bilat Knees + toes bilat Associated Sx:
Pain Aggravated By: Logged rolled onto backboard Pain Relieved By: Lying still

Significant Medical History:

	Y	N	Comment		Y	N	Comment
Arthritis	☐	☑		Sickle Cell Anemia	☐	☑	
Old Trauma	☐	☑		Autoimmune Disease	☐	☐	
Recent Trauma	☐	☐		Other:			

Objective: Vital Signs: T: P: 88 RR: 16 B/P: 128 / 80

Inspection: Acute distress: ✓ Edema: Skin color(Pallor/erythema/eccymoses):
Gait: Posture: Paralysis: Range of motion:
Deformity: Other:

Palpation: Crepitus Skin temperature: WD Peripheral Pulses: Capillary Refill:
Muscle Strength: Sensation:
Reflexes: Other:

Additional Examination: Fell down entire length of stairs on EB
(Continue on back if necessary)
upon entrance to unit I/M lying @ bottom of steps c →
☐ Check Here if continued on back

Assessment:

Preliminary Determination(s):

☑ Referral Required due to the following: (Check all that apply)

☐ Abnormal Vital Signs ☐ Deformity ☐ Pulselessness in extremity ☐ Paresthesia
☐ Pallor ☐ Paralysis ☐ Recurrent Complaint (twice in 72 hours) ☐ Severe Pain
Other: Numbness / burning pain Bilat Knees + toes bilat toes.

NOTE: You should contact a physician, physician extender or nursing supervisor if you have any questions about the patient's status.

Referral: Whom/Where: Date for referral: / /
Referral Type: ☐ Routine ☐ Urgent ☑ Emergent (if emergent who was contacted?): To Somerset Hospital ER

☐ Referral Not Required (Explain):

Plan:

Treatment: ☐ Rest ☐ Ice (1st 24 hours) ☑ Immobilization/Splint ☐ Compression/Ace Wrap ☐ Encourage Elevation ☐ Crutches ☐ Sling
OTC Medications Given: ☐ NO ☐ YES (If Yes, list): Other:

~~Activity Restriction:~~ Neck collar / backboard

Education: The patient demonstrates an understanding of their medical condition, signs and symptoms for which they should seek additional medical attention (Numbness, tingling, decreased function, worsening pain despite analgesic, fever) and appropriate follow-up. ☐ YES ☐ NO

Disposition: ☐ Return to Block ☐ RHU ☐ Infirmary ☐ Return to Work ☑ Community Hospital ☐ Lay In: Other:

x C Takes Name: C Takes RN
Nurses Signature Printed

Nursing Evaluation Tool: Musculoskeletal Pain
Commonwealth of Pennsylvania
Department of Corrections
DC-
Revised 11/13/2008

Inmate Name: Matthew, Chaka
Inmate Number: FA 4598 DOB: 9-5-70
Facility:

- head lying on crutch on 1st step. I/M able to move bilat arms ∃ difficulty. C/O numbness of ring finger of right hand. C/O burning pain of right + Left knee + toes of bilat feet. Also C/O pain of neck + lower back. Able to feel touch of bilat ↓ extremities

MEDICAL INCIDENT/INJURY REPORT

PERSON INVOLVED (Last Name) Matthew (First Name) Chaka (Middle Initial)

Male: ☐ Female: ☐ Age: _____

Reported to Dispensary
Date: 2/3/14 AM
Time: 1410 PM

Date of Incident	Time of Incident ☐ A.M. ☑ P.M. 1340	Exact Location of Incident Stair on EB
INMATE ☑	Facility No. FA4298 / Housing Unit EB / Work Related Yes ☐ No ☑	
	SUPERVISOR:	
EMPLOYEE ☐	Department	Job Title
VISITOR ☐	Home Address	Home Phone
OTHER ☐	Occupation	Reason for Presence at this Facility

Property Involved: ☐ Equipment Involved: ☐ Describe:

Was person authorized to be at location of incident: ☐ Yes ☐ No

Describe exactly What Happened. Why it happened. Action Taken. If an Injury, State Part of Body Injured. If Property or Equipment Damaged, Describe Damage. 1. Description of Illness/Injury

Im fell down stairs on EB unit. Upon arrival to unit Im lying in supine position & head elevated on crutch on 1st step A+OX3. No LOC (Continue On Reverse) →

Was Physician Notified? ☑ Yes ☐ No

Was Family Notified? Yes ☐ No ☑

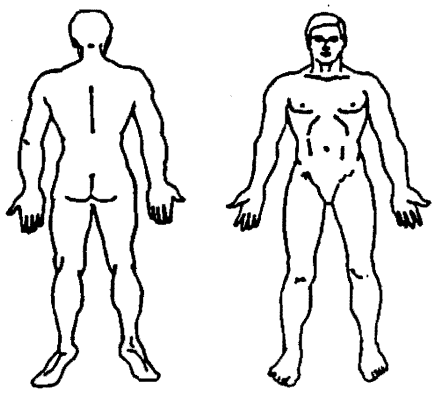
Was Person Involved Seen by a Physician? ☐ Yes ☑ No	Date / /	Time	A.M. P.M.	Where	Physician's Name
Was Person Involved Taken To A Hospital? Yes ☑ No ☐	Date 2/3/14	Time	A.M. P.M.	Where Somerset	By Whom Ambulance

2. Initial Impression Illness/Injury

Complaining neck & back pain. Complaining burning pain of bilat knees. Numbness of toes bilat feet

TYPE OF INJURY
1. Laceration ☐
2. Hematoma ☐
3. Abrasion ☐
4. Burn ☐
5. Non Apparent ☐
6. Other ☐
Specify _____

Indicate on Diagram Location of Injury



3. Treatment Rendered: P- 88 R- 16 B/P 108/80. A+OX3. Neck collar applied placed on back board.

Follow-Up To Somerset Hospital – evaluation

Date of Report	Signature & Title of Person Preparing Report	Reviewing Authority
2/3/14	(Signature)	Gerald Puskar MS ACHA